

ABSTRAK

Eti Salafas

**Implementasi Manajemen Bayi Berat Badan Lahir Rendah (BBLR) oleh Bidan Desa di Puskemas Kabupaten Semarang
xv + 93 halaman + 6 tabel + 12 lampiran**

Angka Kematian Bayi di Kabupaten Semarang tahun 2013 masih tinggi (11,75 per 1.000 KH) belum mencapai target Standar Pelayanan Minimum (8,09 per 1.000 KH). Penyebab kematian bayi tertinggi beberapa tahun terakhir adalah BBLR (36,7% tahun 2013). Presentase BBLR di Kabupaten Semarang terus mengalami peningkatan (dari 5,04% tahun 2012 menjadi 5,37% di tahun 2013). Penelitian ini bertujuan untuk menjelaskan implementasi manajemen bayi BBLR oleh Bidan Desa di Puskesmas Kabupaten Semarang.

Penelitian ini menggunakan metode kualitatif. Informan Utama dalam penelitian ini adalah 6 Bidan Desa dari 2 puskesmas dengan AKB tertinggi dan kelahiran BBLR tertinggi. Informan triangulasi adalah 6 ibu atau keluarga bayi BBLR dan 1 Kepala Bidang Pelayanan Kesehatan Masyarakat Dinas Kesehatan Kabupaten Semarang. Pengumpulan data dilakukan dengan *in depth interview*, observasi lapangan dan buku KIA. Teknik analisis data dengan analisis isi.

Hasil penelitian menunjukkan implementasi manajemen bayi BBLR oleh Bidan Desa belum dilaksanakan sesuai dengan standar pelayanan. Dari aspek stabilisasi suhu, penggunaan lampu penghangat belum dilakukan dengan benar, pelaksanaan PMK belum dilakukan sesuai dengan prinsip PMK. Dari aspek pengaturan dan pengawasan nutrisi, pemberian volume nutrisi belum dilakukan dengan baik. Dari aspek pencegahan infeksi, pemberian imunisasi HB0 belum dilakukan dengan baik. Dari aspek perawatan mingguan belum maksimal dan dari aspek pemantauan pertumbuhan dan perkembangan belum dilaksanakan dengan maksimal.

Disimpulkan bahwa implementasi manajemen bayi BBLR oleh Bidan Desa sudah dilaksanakan namun demikian masih ditemukan kelemahan pada pelaksanaan Perawatan Metode Kanguru, pemantauan nutrisi dan pelaksanaan imunisasi HB0.

Kata Kunci : Bidan Desa, Manajemen Bayi BBLR, Implementasi.
Referensi : 30 (2001-2014)

ABSTRACT**Eti Salafas****Implementation of Low Birthweight Babies Management by Village Midwives at Health Centres in Semarang District****xv + 93 pages + 6 tables + 12 enclosures**

Infant Mortality Rate (IMR) in Semarang District in 2013 was high (11.75 per 1,000 live births) in which it had not achieved the target of Minimum Service Standards (8.09 per 1,000 live births). Low birthweight (LBWB) was a main cause of infant mortality in several past years (36.7% in 2013). Percentage of LBWB cases in Semarang District increased from 5.04% in 2012 to 5.37% in 2013. The aim of this study was to explain implementation of LBWB management by village midwives at health centres in Semarang District.

This was a qualitative study. Main informants consisted of six village midwives working at two health centres with highest of IMR and highest of LBWB cases. Informants for triangulation purpose consisted of six mothers or families of LBWB and head of Public Health Service Department at Semarang District Health Office (DHO). Data were collected using methods of indepth interview, field observation, and Maternal and Child Health (MCH) book. Data were analysed using content analysis.

The results of this research showed that the implementation of LBWB management by village midwives had not been referred to service standards. In terms of stabilising temperature aspect, the use of heater was not well done, the implementation of PMK had not been referred to principles of PMK. In terms of controlling and monitoring nutrition aspects, providing volume of nutrition had not been well implemented. In terms of preventing infection aspect, providing immunisation of HB0 had not been well conducted. In terms of weekly maintenance aspect, it had not optimally done. In terms of monitoring growth and development aspect, it had not been maximally implemented.

In a conclusion, the implementation of LBWB management by village midwives had been implemented even though there were some weaknesses found in the implementation of maintaining a Kangaroo method, monitoring nutrition and providing immunisation of HB0.

Key Words : village midwives; LBWB management; implementation

Bibliography : 30 (2001-2014)